PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

107-65340

CLAIMS AS FILED - PART I								SMALL E	ENTITY		OTHER	R THAN
(Column 1)						ımn 2)		TYPE			•	ENTITY
TOTAL CLAIMS			20		•			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			# minus 20= *		*	0		X\$ 9=		OR	X\$18=	
⊢	DEPENDENT C	 ·	/ minus 3 = * /			9		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0						column 2	ı	TOTAL		OR	TOTAL	<i>m</i> .
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	T tal	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		ÓR	+290=	
								TOTAL DDIT. FEE		┨┈╏	TOTAL ADDIT. FEE	
		(Column 1)					•					
IT B		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIOL	ER	PRESENT EXTRA	ΙΓ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
JEN		AMENDMENT		PAID F		EATRA			FEE		11/12	FEE
AMENDMENT B	Total	*	Minus	**	· 	=		X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus	***		=		X43=		OR	X86=	
i	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╵┟	. 1 45		l	.000	
								+145=		OR	+290=	
								TOTAL DDIT. FEE	·	OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)		•		•		·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	F	X43=			X86=	
<u>`</u>	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	∧oo=	
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE	
. T	he "Highest Num	nber Previously Paid ber Previously Paid	For (Total or	SPACE is li Independent	ess than i) is the h	3, enter "3." highest number		DIT. FEE L	ropriate box			